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APPLICANTS

Hooman Honary, Newport Coast, CA;

Kumar Ganapathy, Los Altos, CA;
Amit R. Gupta, Los Altos, CA; Siva Simanapalli, Santa Clara, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance Initials <u>11/19/06</u>	DRAWING 4	23	3
Verified and Acknowledged Examiner's Signature <u>E. B. S.</u>		Initials <u>11/19/06</u>			

ADDRESS

Buckley, Maschoff, Talwalkar & Allison LLC

Attorney for Intel Corporation

Five Elm Street

New Canaan , CT
06840

TITLE

Apparatus and methods for forward error correction decoding

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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